

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF USA v.s. Gabriel Escarnilla FOR
AT

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

PERSON REPRESENTED (Show your full name)

- 1 ☐ Defendant—Adult
2 ☐ Defendant - Juvenile
3 ☐ Appellant
4 ☐ Probation Violator
5 ☐ Parole Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other

CHARGE/OFFENSE (describe if applicable & check box →)

- ☐ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ <u>0</u>	IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____
		If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ <u>600-800 mo</u> If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ _____ SOURCES _____		
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND DESCRIBE IT VALUE _____ DESCRIPTION _____		

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input type="checkbox"/> SINGLE		
	<input checked="" type="checkbox"/> MARRIED	<u>2</u>	<u>10 yr Gregory Escarnilla</u>
	<input type="checkbox"/> WIDOWED		<u>Armeda Escarnilla</u>
	<input type="checkbox"/> SEPARATED OR DIVORCED		

OBLIGATIONS & DEBTS

DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	<u>Rent</u>		\$ <u>1</u>	\$ <u>1000</u>
	<u>Utilities</u>		\$ _____	\$ <u>300</u>
			\$ _____	\$ _____
			\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Gabriel Escarnilla